

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007494

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District

FILED MAR 5 1963

Primary Registration District No.

Registrar's No.

60

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE So. Dakota b. COUNTY Minnehaha	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hurricane Township		c. CITY OR TOWN Brandon	
c. FULL NAME OF (If NOT in hospital, give location) 7 miles s.w. of Elsberry		d. STREET ADDRESS (If outside, give location) South Seventh St.	
3. NAME OF DECEASED (Type or print) ROBIN RICHARD DUMP		4. DATE OF DEATH Month Feb. Day 22 , Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-20-38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leadman		10b. KIND OF BUSINESS OR INDUSTRY Steel Mfg.	11. BIRTHPLACE (City and state or country) South Dakota
13a. FATHER'S NAME Immell C. Dump		13b. MOTHER'S MAIDEN NAME Syble Hayes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) yes 1956-1959		17. INFORMANT Address Barbara Ann Dump Braddon, S. Dak.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Killed in airplane crash - which was investigated by the Federal Aviation Agency and also by the C. A. B. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION RFD - Elsberry, Missouri		
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at 10:40 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Bill Calloway</i> (Signature of title) Sheriff and acting coroner		22b. ADDRESS Troy, Mo.	
22c. DATE SIGNED 2-23-63		22d. DATE OF DEATH 2-23-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2-23-63	23c. NAME OF CEMETERY OR CREMATORY St. Michaels Cemetery	23d. LOCATION (City, town, or county) (State) to Sioux Falls, S. Dakota
24. FUNERAL DIRECTOR Ricks Funeral Home		25. DATE RECD. BY LOCAL REG. 2/26/63	26. REGISTRAR'S SIGNATURE <i>Kurt Tenschel</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 4012

P. O. Address Elmhurst, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.